



Outpatient Services • Home Health Agencies and Home and Community-Based Services

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Contents

Medi-Cal Training Seminars

2006 CPT-4/HCPSC Code Update Reminder.....	1
Provider Restrictions for O & P Reimbursement.....	1
RN Case Management Services Billed Directly to Medi-Cal.....	1
New CCS Service Code Grouping for Chronic Dialysis Clinics	1
CCS Service Code Groupings Updates	2

2006 CPT-4/HCPSC Code Update Reminder

The 2006 updates to the *Current Procedural Terminology*, Fourth Edition, (CPT-4) and Healthcare Common Procedure Coding System (HCPSC) Level II codes become effective for Medicare on January 1, 2006. The Medi-Cal program has not yet adopted the 2006 updates. Do not use 2006 codes to bill for Medi-Cal services until notified to do so in a future *Medi-Cal Update*.

Provider Restrictions for O & P Reimbursement

Providers are reminded that effective for dates of services on or after October 1, 2003, only physicians, podiatrists, certified orthotists and prosthetists may be reimbursed for orthotic and prosthetic appliances. Codes with double asterisks (**) in the *Orthotic and Prosthetic Appliances: Billing Codes and Reimbursement Rates* — *Orthotics* section of the provider manual are also reimbursable to pharmacists.

RN Case Management Services Billed Directly to Medi-Cal

The following case management service, when rendered by Registered Nurses (RNs) employed by Home Health Agencies (HHAs), may be billed directly to Medi-Cal without first being submitted to Medicare or an Other Health Coverage (OHC) carrier. This policy is effective retroactively to dates of service on or after November 1, 2001.

<u>HCPSC Code</u>	<u>Description</u>
Z6750	Nursing Facility [NF] – case management – Registered Nurse, Home Health Agency, hourly

Providers need take no action. An Erroneous Payment Correction (EPC) is being developed to reassess payment for claims previously denied for non-submission to Medicare or OHC.

This information is reflected on manual replacement pages medi non hcp 2 (Part 2) and oth hlth cpt 1 (Part 2).

New CCS Service Code Grouping 09 for Chronic Dialysis Clinics

Chronic Dialysis Clinics are identified with unique Service Code Grouping (SCG) 09 to facilitate the diagnosis and treatment of California Children's Services (CCS) clients, effective retroactively for dates of service on or after July 1, 2004. SCGs allow providers to submit a single code on a Service Authorization Request (SAR) that represents a wide range of services. If the SAR is approved, all codes in the Service Code Grouping identified on the SAR are reimbursable.

The updated information is reflected on manual replacement page cal child ser 22 (Part 2).

CCS Service Code Groupings Update

A number of codes have been added and deleted from the Service Code Grouping (SCG) tables for the California Children's Service (CCS) program. In addition, for provider convenience each added or deleted code is accompanied by a symbol that relates directly to each code's effective date. Codes with a † have an effective date of October 18, 2004, while codes with a †† have an effective date of November 1, 2005. Codes without a symbol are effective July 1, 2004. Codes marked for deletion also have a line through each code.

The updated information is reflected on manual replacement pages cal child ser 1, 3 thru 17 and 20 (Part 2).

Instructions for Manual Replacement Pages

Part 2

December 2005

Home Health Agencies and Home and Community-Based Services Bulletin 374

Remove and replace: cal child ser 1 thru 22
hcpcs iii 3/4 *
medi non hcp 1/2 *, 3
oth hlth cpt 1/2
ub sub 1/2 *

* Pages updated due to ongoing provider manual revisions.